

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

APPLICANT(S)

FILING DATE

10 60-101

06-26-03

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP			IND	DEP	IND	DEP	IND	DEP	
1															
2								51							
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48								97							
49								98							
50								99							
								100							
TOTAL IND.	6							TOTAL IND.							
TOTAL DEP.	5							TOTAL DEP.							
TOTAL CLAIMS	11							TOTAL CLAIMS							